

SUNY Apprenticeship Intake Form

(For SUNY School to complete)

Agreement# _____

Apprenticeship Trade title that training is tied to: _____

{For Student to complete}

Name _____

Address _____

Social Security Number (optional) ____ - ____ - ____

Phone number _____

Email address: _____

Date of Birth: _____

1) **Ethnicity** (optional: circle all that apply)

Hispanic/Latino	American Indian/Alaskan Native
Asian	Black/African American
White	Native Hawaiian/Other Pacific Islander
Choose Not to Disclose	

2) **Gender of participant** (Circle one of the choices)

Male	Female
Other Gender Identity	Choose not to disclose

3) **Are you a veteran or an active military service member?**

Yes	No	Choose not to disclose
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If yes to 3) Please list start and end service dates _____

4) **What was the Highest Educational Level that you have completed?**

1. Attained Secondary School diploma (High School)
2. Attained Secondary Equivalency (GED)
3. Participant with a disability received certificate of attendance/completion having successfully completed an IEP
4. Completed 1 or more years of post-secondary education
5. Attained post-secondary technical or vocational certificate
6. Attained Associates Degree
7. Attained Bachelor's Degree
8. Attained a degree beyond Bachelor's Degree
9. No higher education completed

5) **What was the Highest School Grade that you have completed?**

- | | |
|--------------------------|----------------------------|
| 0. No grades completed | 7. 7 th grade |
| 1. 1 st grade | 8. 8 th grade |
| 2. 2 nd grade | 9. 9 th grade |
| 3. 3 rd grade | 10. 10 th grade |
| 4. 4 th grade | 11. 11 th grade |
| 5. 5 th grade | 12. 12 th grade |
| 6. 6 th grade | |

6) **Employment Status:**

Full time Part time Not employed

7) **Most recent or current employer info:**

Name of Employer_____

Employer address_____

Participant job title_____

Participant job duties_____

Participant wage_____ hourly or yearly

If applicable, reason for leaving position_____

Employment start date_____

If applicable, Employment end date_____

Apprentice's start date in DOL program_____

9) **Classroom Training start date_____**